

COLORADO LEAD-BASED PAINT COURSE NOTIFICATION FORM

Submit form to: Colorado Dept. of Public Health and Environment APCD-SS-B1 4300 Cherry Creek Drive South Denver, CO 80246-1530 Phone: 303-692-3100 Fax: 303-782-0278

This form is intended for notification and cancellation of lead courses by the course provider to the State of Colorado. It also serves as acknowledgment and approval of the class by the Air Pollution Control Division, Colorado Department of Public Health and Environment. If no notification is received (by the State), and no acknowledgment/approval is received (by the Provider), the course will not be recognized as valid by the State of Colorado and all training certificates will be rejected by CDPH&E.

I.	Course and Provider Information:					
	Provider Name:					
	Course Location:					
	Phone Number:			Fax:		
	Contact Person:					
II.	Type of Notification:					
	□ Notification of the following course					
	☐ Cancellation of the foll	lowing course				
III.	Class type: (Limit one form per class)					
	☐ Worker	☐ Initial	☐ Refresher			
	☐ Supervisor	☐ Initial	☐ Refresher			
	☐ Inspector	■ Initial	☐ Refresher			
	☐ Risk Assessor	☐ Initial	☐ Refresher			
	☐ Project Designer	■ Initial	☐ Refresher			
IV.	Class Date(s) and Times:					
	Dates From:		<u> </u>	To:		
	Times From:		am/pm	То:		am/pm
V.	<u>Instructor(s):</u> (Use additional sheets if necessary)					
	Course Instructor(<u>(s):</u>	Colorado Certification Number:			Expiration Date
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Fo	or CDPH&E Use Only	This cou	ourse is:	- Swad	☐ Denied	
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l		□ Notic	☐ Notice of Cancellation Received			
Air	Pollution Control Division Repre	resentative	Date		_	